

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: JUST LIKE HOME IV (0010103)

Address: W5140 HWY A, ELKHORN, WI 53121

License Status: REGULAR

Licensed/Certified/Registered 04/01/2004

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095346 **End Date:** 05/18/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092960 **End Date:** 06/17/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009010 Served 07/27/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	04/27/2005	Yes
83.15(1)(c)1	ADEQUATE STAFFING	04/27/2005	Yes

Survey ID: 0092447 **End Date:** 03/25/2004 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008693 Served 05/04/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(a)	ASSESSMENT AND ISP	05/17/2004	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	05/17/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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Community Based Residential Facility
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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0091060 **End Date:** 09/24/2003 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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Enforcement History

Date: 07/22/2004 **SOD #10009010** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.11(3)(a)

FORFEITURE---83.11(3)(a)

FORFEITURE---83.15(1)(c)1

Date: 04/30/2004 **SOD #10008693** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(1)(a)

FORFEITURE---83.32(2)(a)

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 11/10/2004

Date Investigation Completed: 05/18/2005

Subject Area(s)

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/03/2004

Date Investigation Completed: 06/17/2004

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

SUBSTANTIATED

SOD #

10009010

Date Complaint Received: 11/14/2003

Date Investigation Completed: 03/25/2004

Subject Area(s)

SUPERVISION

Result

NOT SUBSTANTIATED

SOD #

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